

**CONSULTING ROSARIAN CANDIDATE FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip +4: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

American Rose Society District: \_\_\_\_\_

1. Are you at least 18 years old? (Y/N) \_\_\_\_\_

2. When did your membership begin? (2 years required) \_\_\_\_\_

3. How many years have you grown roses? (5 years required) \_\_\_\_\_

Current number of bushes in your garden? \_\_\_\_\_

4. Local society(s) you belong to plus city and state: \_\_\_\_\_

5. Date joined the local society: \_\_\_\_\_

6. I have participated in or assisted the following society activities: (List min of 3)

6a. \_\_\_\_\_ 6b.

\_\_\_\_\_ 6c.

\_\_\_\_\_

7. I am willing to assist and advise others on rose culture and share my knowledge with others in many ways (describe) \_\_\_\_\_

\_\_\_\_\_

8. I will participate in the annual "Roses in Review" program and submit an annual CR Report to my district CR Chair if required (Y/N) \_\_\_\_\_ If N, then briefly explain:

\_\_\_\_\_

\_\_\_\_\_

9. I am willing to write articles and give presentations when asked. (Y/N) \_\_\_\_\_ If N, please explain:

\_\_\_\_\_

\_\_\_\_\_

10. I have read, understand, and am willing to live up to the Consulting Rosarian Guide. (Y/N) \_\_\_\_\_

I hereby affirm that the above information is correct and that I understand the responsibilities and duties of being a Consulting Rosarian to inspire a love and appreciation of roses and their culture.

Signed: \_\_\_\_\_

**Note: Electronic signature can be:**  
**/John Smith/**  
**John Smith**

The following active Consulting Rosarians affirm that \_\_\_\_\_ (candidate's name) demonstrates a thorough knowledge of rose culture and will actively support the activities of the ARS. We, therefore, recommend him/her as a candidate for the Consulting Rosarian School.

The recommending Consulting Rosarians may sign electronically using this format.

**Electronic signature can be:**

**/John Smith/**

**John Smith**

Signed: \_\_\_\_\_  
(Signature of active Consulting Rosarian making recommendation)

Address: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Signature of active Consulting Rosarian making recommendation)

Address: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Signature of active Consulting Rosarian making recommendation)

Address: \_\_\_\_\_

**The Consulting Rosarian Candidate Form must be sent to the District Chairman of Consulting Rosarians at least thirty (30) days before the school.**

**Membership will be verified at ARS headquarters.**